

**METHODS:** A retrospective database study was conducted to compare patient adherence and concomitant oral steroid use among patients on oral  $\beta_2$  agonists or leukotriene antagonist therapy.

**RESULTS:** Consistent with our first hypothesis, patients using antileukotrienes were more adherent than patients on oral  $\beta_2$  agonists, over a 12-month period. However, contrary to our second hypothesis, patients using antileukotrienes were eight times more likely to be on concomitant oral steroid therapy than patients using oral  $\beta_2$  agonists.

**CONCLUSIONS:** These findings may reflect a “new drug” effect: those patients whose disease is most difficult to control on existing therapies are placed on the newest treatment, drug indications notwithstanding. Finally, the results of this study provide further evidence of the utility of retrospective database studies to provide healthcare providers with cost-effective information reflecting real-world patient behaviors.

**PRD9****THE HEALTHCARE UTILIZATION OF PATIENTS WITH CHRONIC SINUSITIS**

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The prevalence of sinusitis has been increasing, as has been the number of visits for the condition. Relatively little data are available on its diagnosis, treatment and costs.

**OBJECTIVE:** The purpose of this study is to analyze resources utilized in the treatment of sinusitis, in particular recurrent sinusitis.

**METHODS:** The database of Fallon Community Health Plan (FCHP), a Massachusetts-based group model HMO, was analyzed to identify members with three or more visits for sinusitis in an eighteen month period. A total of 495 patients were identified. Their utilization of primary care physician (PCP) and specialty visits, procedures, ancillary services, costs of services, type, quantity, and cost of drugs prescribed was analyzed.

**RESULTS:** Of the patients, 76% were women and 24% were men. Age ranged between 18 years and 91 years (mean = 45). The subjects had a total of 17,407 procedures and diagnoses during the study period. In 31% of visits, the subjects were treated by a PCP; in 8.5% visits they were seen by an Allergist; and in 6.7% visits they were seen by an ENT. The most frequent primary diagnosis was Allergic rhinitis (8.2%) followed by acute sinusitis (5.8%). The total cost of the utilization was \$1,052,678 (mean = \$2127). The total number of prescriptions filled during the study period was 13,539 (mean = 27.35). The total cost of these prescriptions was \$446,879 (mean = \$903).

**CONCLUSION:** The treatment and management of patients with chronic sinusitis is more intensive than commonly realized. The present study provides insight into demographics and the type and costs of treatment of this patient group.

**PRD10****COST-EFFECTIVENESS OF AZITHROMYCIN AND CO-AMOXICLAV IN ACUTE SINUSITIS**

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Azithromycin is an azalide antibiotic with broad-spectrum activity; it has a prolonged biological half-life and slow elimination from nasal sinuses. These features make it possible to use azithromycin during short-term periods that may be important for compliance. However, the economic results have not been investigated.

**OBJECTIVE:** The purpose of this study was to evaluate the efficacy, safety and cost of therapy of azithromycin and a course of co-amoxiclav in acute sinusitis in adults.

**METHODS:** Among 100 adults with acute sinusitis, 50 were randomized to receive azithromycin 500 mg once daily for 3 days (group I), and 50 co-amoxiclav 625 mg tid for 10 days (group II). Clinical examination was performed at baseline and 72 hours, 10–12 and 26–30 days after treatment initiation. Each sign and symptom was scored and clinical findings were expressed by total clinical score (TCS). TCS was significantly lower in group I after 72 hours following treatment start and at 10–12 days. Cost analysis included drug price, physician cost, and cost of hospitalization.

**RESULTS:** At 10–12 days of therapy, 41 (82%) patients in group I and only 26 (52%) in group II were free of symptoms associated with increased duration and cost of hospitalization. By the follow-up assessment, satisfactory clinical response was indicated in both groups. The average cost of treatment for group I was \$116 and in group II, \$150 per patient. During a half-year, relapse of sinusitis was marked in 16% of cases in group II and the additional treatment charges made on average \$170 per patient.

**CONCLUSION:** The treatment 3-day azithromycin is as effective as 10-day co-amoxiclav, but azithromycin provides faster clinical effect and does not lead to relapse, with better pharmacoeconomic outcomes.

**PRD11****QUALITY OF LIFE ASSESSMENT IN ALLERGIC RHINITIS PATIENTS TREATED WITH LORATADINE**

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Allergic rhinitis can cause a severe decrease in a sufferer's quality of life. Many non-sedative antihistamines have demonstrated efficacy in phase I through III trials. However, patients' quality of life during treatment had not been measured or evaluated.

**OBJECTIVE:** The purpose of this study was to determine if quality of life improves during a 3-week time period while patients were being treated with loratadine for allergic rhinitis.

**METHODS:** Twenty-five patients with diagnosed allergic rhinitis were treated with loratadine 10 mg every